

GENERAL COMMUNICATION

“Singing” :accounts of some personal experiences of Aboriginal sorcery

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Much has been spoken and written about the Australian Aboriginal phenomenon of “pointing the bone” and its effect on the victim, but it may not be generally known that the methods used to cause the physical decline and eventual death which characterise this type of sorcery are many and varied, and that bone-pointing is perhaps the least used. For example, whereas bone-pointing is a technique used by the so-called “desert” tribes of Central Australia, it is unknown in that form to the coastal peoples although sharpened wooden objects impregnated with evil power are sometimes used in much the same way. Other methods involve the use of some article belonging to, worn, or left by the intended victim (and the latter can include excreta and urine); the un-natural positioning of branches and twigs of bushes in the victim’s path; and the establishment of an auto-suggestive conviction of boding evil through repetitive sounds, chanting and rarely, bizarre apparitions. These latter are usually confined to occasions of ceremonial associated with initiation or other age-grading rituals, and generally involve more than one sorcerer.

Such practices are usually referred to as “singing” and in my 30 years experience with Aboriginals I have had first hand knowledge of five cases and was involved in attempts to “un-sing” the victims of three of them. The following accounts briefly describe the circumstances surrounding these three experiences.

Case 1. I became involved in this case when a Darwin doctor sought my assistance with a patient in his care. The victim, who I shall refer to as Jack, was about 19 years of age and had been working on a cattle station as a yard and fence builder. He had attended the annual ceremonial “festival” which is a contrivance devised by the tribes of the Barkly Tablelands area to accommodate both the demands of their white employers and their traditional religious rites. Some three weeks after Jack’s return to the station from the ritual gathering, the foreman noticed that he was listless, easily exhausted and seemed to be losing weight. Jack was regarded as a good employee who took pride in his work and this change was worrying to the foreman. He conveyed his suspicions to the manager that Jack was ill. It should be noted that while this concern for Jack’s well-being may appear inconsistent with the generally negative image abroad regarding Northern Territory station management attitudes to Aboriginal employees, Jack was fortunate in that he worked for a resident owner.

Enquiries made directly of Jack revealed that he believed he was being “sung”, but beyond that he was reluctant to give any other information except that the evil had been perpetrated at the “Big Corroboree”. Further investigation seemed to focus suspicion on a group of elders at Alroy Downs, so the manager arranged for the foreman to travel to that cattle station and make enquiries through the local police. This was

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completely abortive as the Aborigines, naturally, denied any knowledge of, or accepted any responsibility for Jack's condition. Meanwhile Jack's loss of weight became alarmingly apparent.

What followed was, in my experience, unique in Aboriginal/station management relations in the Northern Territory, in that the owner had Jack conveyed to Darwin, over 500 miles to the north, and arranged for his medical examination by a specialist in private practice — all at the station's expense. The doctor had Jack admitted to hospital and after a week of exhaustive tests was completely at a loss to account for Jack's condition on medical grounds. It was at this stage that the doctor invited me to interview Jack, in the hope that he would reveal more about the origin and cause of the "singing".

I visited Jack every day for a week, mainly to gain his confidence, but also to get him talking about himself as a tribal Aboriginal, his status in the traditional hierarchy and any other personal matters that might give a clue to his problem. Physically he was no longer deteriorating and whilst my enquiries were not helping the doctor, Jack seemed to derive some comfort, if not pleasure, from the attention he was getting. However, his conviction that he was being "sung" was not wavering although the effect of the sorcery seemed to have lessened because of the greater distance that had been put between him and his malefactors. He was, of course, making the acquaintance of other Aboriginal patients and one day he introduced me to a middle aged man whose country was not far from his own. Jack informed me that his new-found friend had had "the same sickness put in him" and was getting better "because of the pills he was taking", namely, one white, one red and one yellow capsule which were shown to me. Jack demanded the same pills.

The ward sister informed me that the middle aged man was on a course of treatment for a chronic lung condition, and that his illness was stable, allowing him to be discharged in the near future. On being told of this new development, the doctor readily agreed to simulate the treatment for Jack and arranged for a supply of similarly coloured capsules containing harmless powders. The change in Jack was immediate and within a few days it was apparent he could be discharged. He left Darwin in the company of the older Aborigi-

nal and after a time returned to his home station and resumed his normal life.

I am convinced that Jack's cure was not brought about solely by the placebo-type treatment but was greatly helped by what went on between him and the other Aboriginal man. I was not privy to this nor did I presume to intrude into what was exclusively an Aboriginal domain. But I suspect that the second man had knowledge of the reason for and cause behind Jack being "sung" and that he chose to intervene. So he exploited the white man's hospital situation and thereby satisfied the doctor (and me), and at the same time removed Jack from his physical plight.

Case 2. Another case involved a young man who was a star in a football team of which I was Club President, so my interest in his recovery was stimulated by more than purely humanitarian and anthropological motives. Jimmy shall be his name and he collapsed quite suddenly one day at work. He immediately became semi-conscious and was rushed to hospital where his conduct and condition indicated a brain disorder. However, X-ray examinations and other tests failed to establish any physical brain abnormality or other cause of the condition. During consultations with the doctor, Jimmy, in his lucid moments, insisted he was being "sung" and this intrigued me for, compared with Jack, Jimmy was relatively sophisticated, having lived in and around Darwin since birth.

I had no trouble in having Jimmy confide in me, as we had known each other for some years and he immediately named an Aboriginal, who was unknown to me, as being the instrument of his being "sung". Jimmy told me that this man lived in the bush on the outskirts of Darwin and I went in search of him. I had little difficulty in locating him and was somewhat surprised to find he was a genial, bearded man in his sixties. He vehemently denied Jimmy's accusation and indignantly asked to be taken to his bedside. On being confronted with this outraged elder, Jimmy hastily withdrew his claim and I was back to square one.

Next day, a still very sick Jimmy told me he now believed that all his ills stemmed from a "dangerous" object hidden in the house of one of his countrymen, who lived in Darwin at Bagot Reserve. I went there post-haste

and related Jimmy's claims to the house-owner who denied knowledge of any such object and invited me to make a search if I wished. This I did under the amused eyes of the owner and his friends. However, their attitude changed dramatically to one of dismay and fear when I revealed what I had found wrapped in a dirty dust-covered handkerchief on top of a rafter: a sharpened stick some eight inches long with a one foot length of human hair string attached to one end. No one admitted prior knowledge of the presence of the object in the house, and they were unanimous as to its dangerous powers in the hands of a clever enemy. They implored me to re-wrap it before it could do any damage, unilaterally as it were, and some expressed genuine concern when, on complying with their request, I placed the package in my trousers pocket. They apparently felt I was placing my masculinity at risk.

Jimmy almost paled when I showed him the object, but he was obviously relieved and expressed his gratitude that I had located the cause of his problem and had plucked it from its hiding place. He agreed that whilst it remained in my possession it was not a menace to his well being, but I felt I had to somehow become its owner if Jimmy's fears were to be completely allayed. In other words, I thought that if he were certain that no Aboriginal malefactor could have access to it then his future was assured. I also hoped that he might believe that white ownership would exorcise the inherent evil in the thing.

I accordingly arranged a bedside meeting with a group of Jimmy's tribesmen and I put forward the proposal that I buy the object. After some discussion in their language, the men agreed that the unusual suggestion was worthwhile trying, although there was obviously some doubt as to the efficacy of such an arrangement in the face of what was obviously a powerful opponent. So I passed over to the eldest of the group an amount of money, four tins of tobacco and several packets of cigarettes — I do not recall how the value of the "thing" was determined. I think it was a case of a token gesture being a manifestation of goodwill.

The rest of the story is in the nature of an anti-climax. Having secreted the object in the furthest depths of a locked cabinet at home, I went gaily to the hospital next morning confidently expecting to see Jimmy up

and about and rearing to get back to the football field. Alas, he was no better — if anything he was a little worse. The doctor received my admission of defeat somewhat enigmatically and informed me that he would continue with further tests. Imagine my reaction next day when he rang to advise that he had decided to perform a lumbar puncture and this had disclosed the existence of a brain haemorrhage which was not showing up on X-rays. Jimmy was still a very sick man, but with knowledge of the cause the doctor was then able to administer relevant treatment which, after some six weeks, resulted in Jimmy being discharged fit, not for football, which he never played again, but for an otherwise useful life.

Of course we will never know what lay behind Jimmy's knowledge of the presence of the "dangerous" object in that house at Bagot and to what extent this may have influenced his conviction that he was being "sung". I still like to think that my acquiring "ownership" of the object pre-disposed Jimmy's mental state to the extent that the white-man's medicine was able to take effect without any challenge from the evil influences of the "thing".

Case 3. The third case of "singing" in which I became involved was a most extraordinary affair which claimed the attention of eminent anthropologists and psychologists. The victim was an eighteen year old man from one of the missions located in Arnhem Land. He had received a westernised education and showed leadership potential in the new and confusing life-style which lay before tribal Aborigines confronted with and adapting to white civilization. He was brought to Darwin by aerial ambulance in a comatose state, experiencing grave breathing difficulties. He was immediately placed in an iron lung and a long battle began to save his life.

The case history which accompanied him stated that the man had claimed he was being "sung", but there was a dramatic difference here in that he named the person responsible as his mother-in-law. To add further drama, his near relatives were of the same opinion but powerless to do anything about it, and it seemed that his claim was not denied by the lady concerned.

It should be explained that in Aboriginal society a man does not have to be married to

acquire a mother-in-law, for under the promise system the mother of one's future wife has to be treated and respected as an in-law from the date of the birth of her daughter. There are also very strict taboos applying to the son-in-law/mother-in-law relationship, which are rigidly imposed. In this case the young man had not then yet assumed the role of husband with his promised wife and it was suspected that a few casual liaisons he had made had demanded the mother-in-law's defence of her daughter's honour. Or perhaps he had broken the behavioural taboo in some other important and more serious respect.

Anthropologically the case was unique, in that the sorcerer was a female and the community had seemingly acknowledged her right and ability to act as she did. It was never discovered by what means she had created the conviction in the young man that she had willed him to die, but it must have been powerful indeed, for in hospital he deteriorated to the point that he could not breathe outside the artificial lung. The doctors were of the opinion that it was a case of his not wanting to breathe, since they could find no medical condition that would halt his breathing. Argument then ensued as to whether a mental conviction could overcome the natural functions of the heart and lungs but as far as I know the issue remained unresolved.

Days passed into weeks and the only change was that the patient began to spend some time outside of the iron lung and that the period slowly increased day by day. At this stage he began to receive visitors from the Mission but, on the surface, this seemed to be merely the maintenance of friendly and social contacts. Interrogation of both the patient and his visitors during these periods

failed to produce any helpful information and a stalemate had apparently been effectively reached between the powers of Western medicine and those of the Aboriginal occult.

This in effect was the ultimate result. The day arrived when the young man no longer required the artificial respirator and was quite well except that his physique had obviously taken a beating during the ordeal. When he was fit to travel, he elected to return to his home and it was apparent that he no longer had any apprehension at the prospect of once again being in the presence of his mother-in-law. There were in fact no overt problems following his return and he seemed to settle back into a normal life routine. He is now a happily married man and his wife in her turn is a mother-in-law.

Again we aliens to the secret Aboriginal world will never know what really went on. While it is easy to speculate, I believe that in this case we were dealing with a woman determined to wreak the ultimate punishment on a young man who, in turn, was prepared to accept his fate without demur or protest. However, both were frustrated by the intervention of the white man's medicine. Having regard to the period that elapsed between the young man's admission to hospital and his eventual discharge, it would seem reasonable to think that both parties were persuaded that the drama would not be played out to its intended finale and that a compromise was necessary. The lengthy absence of the young man from his country, his friends and his life's security was, I suggest, his mother-in-law's compromise. Whether this be right or not, there is one thing of which I am certain — that he did not again put a foot wrong during his mother-in-law's lifetime.